



CALIFORNIA STATE ATHLETIC COMMISSION

1424 HOWE AVENUE, SUITE 33, SACRAMENTO, CA 95825-3217 (916) 263-2195 FAX (916) 263-2197



2000 PROMOTER APPLICATION (RENEWAL)

PROFESSIONAL PROMOTER LICENSE – FEE \$1,000

AMATEUR PROMOTER LICENSE – FEE \$250

Office Use Only

Amt Rec'd: _____ Receipt #: _____

License # LC: _____

License # AC: _____

Approved: _____

Indicate Type of License: ☐ **Boxing** ☐ **Martial Arts**

NAME OF LICENSEE:			
BUSINESS ADDRESS: Street Address	City	State	Zip Code
BUSINESS PHONE NUMBER:	HOME PHONE NUMBER:	BUSINESS FAX NUMBER:	

PROMOTER LICENSEE:

Has there been any change(s) in the financial backing or of ownership, shareholders, or general or limited partners of the promotion since your initial or last license? ☐ Yes ☐ No

If the answer is Yes, please list the changes (include changes to ownership, directors, officers or shareholders or the corporation or the Partners in a partnership, and submit all required document(s) as directed in the renewal instructional sheet. (Attach separate sheet for additional applicants.)

List ownership and partnership (list all general and limited partners) changes:

NAME:	Social Security No.	Phone Number:	Position/Title:
ADDRESS: Number and Street	City	State	Zip Code
NAME:	Social Security No.	Phone Number:	Position/Title:
ADDRESS: Number and Street	City	State	Zip Code

List all corporate changes (include directors, officers or shareholder of the corporation):

NAME:	Social Security No.	Phone Number:	Position/Title:
ADDRESS: Number and Street	City	State	Zip Code
NAME:	Social Security No.	Phone Number:	Position/Title:
ADDRESS: Number and Street	City	State	Zip Code

Have any individuals applying for renewal of this promoter's license used any other name(s) since the granting of your initial or last license? ☐ Yes ☐ No If answer is Yes, list name(s): _____

Has any person applying for this promoter's license (individual, officers or principal stockholders) been convicted of an offense other than minor traffic violations since the granting of your initial or last license?

☐ Yes ☐ No (You must answer Yes even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside or pardoned under Section 1203.4 of the Penal Code.) If answer is Yes, explain and attach copy of conviction.

Does any boxer, manager or other boxing participant:

a) Have a financial interest in the promotion? ☐ Yes ☐ No

If answer is Yes, indicate individual's name(s) and explain:

b) Have a contractual obligation to the promotion? ☐ Yes ☐ No

If answer is Yes, indicate individual's name(s) and explain:

Authority to provide the Commission with information requested on this application is established pursuant to Sections 18640, 18642 and 18660 of the Business and Professions Code. Disclosure of your social security number, or Federal Employer Identification Number (FEIN), if you are a partnership, is mandatory. Section 30 of Business and Professions Code and Public Law L-94-455[42,USCA 405 (C)] authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order of family support in accordance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your social security number or FEIN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

All items in this application are mandatory—none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine the qualification for licensure. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

I/We declare under penalty of perjury under the laws of the State of California, that I/we have read the foregoing application for a license, that all the answers given are my/our own, and that the answers are true to the best of my/our knowledge. Further, I/we understand and agree that any misstatement of material fact in this application will constitute grounds for revoking of the promotion license. I/We hereby agree to keep books, records and accounts, in a business like manner, and that said books, records and accounts, including all canceled checks, will be made available to the commission for their examination.

SIGNATURE(S) OF PROMOTER APPLICANT(S):

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE